

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 11 2016

1. CARRIER INFORMATION:

1664	Z VIP Sedan & Limousine Services, Inc., t/a Z Limo			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
6267 Franconia Road, #200		Alexandria	VA	22310-2583
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(703) 822-0088			nas1657@yahoo.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

		822	4048
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Faisal Abbasi	CEO
*Name	*Title
(703) 863-9187	fred@z-limo.com
*Telephone	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Hamayun Ashfaq Khan	(443) 517-6651	zchano@gmail.com
Name of Registered Agent for Service of Process	Telephone	E-mail
8611 Undermire Court		Bowie
Agent Address (must be inside Metropolitan District)	Apt./Suite	City
		MD
		20720-4425
		State
		Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
792	2011	LINCOLN	2LNBL8CV2BX753146	H517889	VA	5	NO
804	2014	LINCOLN MKT	2LMHJ5NK1EBL56695	879HAD	VA	5	NO
811	2014	CADILLAC XTS-L	2GEXG6U30E916616	941HAD	VA	5	NO
808	2014	CADILLAC XTS	2G61M5S36E9219414	910HAD	VA	5	NO
809	2013	LINCOLN MKS	1LNHL9DKTDG603279	932HAD	VA	5	NO
807	2013	LINCOLN MKS	1LNHL9EK8DGG64876	H524643	VA	5	NO
805	2014	LINCOLN MKT	2LMHJ5NK8EBL57035	H521648	VA	5	NO
812	2015	LINCOLN MKT	2LMHJ5NK6FB20322	H524878	VA	5	NO
809	2014	MERCEDES SPRINTER	WDZPE8DC8ES83621	10569P	MD	15	NO
810	2015	CHEVROLET SUBURBAN	1GNSKJKCSFR593592	940HAD	VA	6	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

ZAHBER A CHANO

*Name (type or print)

Vice President

*Title (not required for sole proprietors)



*Signature

1/17/2016

*Date